

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>7/6/05</u>		2 Serial/Patent # <u>09/195,852</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal	56 58	12/31/04 6/6/05	\$ 110.00 \$ 500.00							
<input checked="" type="checkbox"/>	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
			7 TOTAL AMOUNT OF REFUND	\$ 610.00							
8 TO BE REFUNDED BY:											
10 REASON:		Treasury Check									
	Overpayment	<input checked="" type="checkbox"/> Credit Deposit A/C #:									
<input checked="" type="checkbox"/>	Duplicate Payment	9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">5</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">--</td><td style="width: 20px; text-align: center;">1</td><td style="width: 20px; text-align: center;">9</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">1</td></tr></table>			5	0	--	1	9	0	1
5	0	--	1	9	0	1					
<input checked="" type="checkbox"/>	No Fee Due (Explanation):										
Abandonment withdrawn. Consideration of petitions under 1.137(a) unnecessary. Also charged twice when copy of earlier petition resubmitted.											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Lancy Johnson</u>		TITLE: <u>Sr. Petitions Att'y</u>									
SIGNATURE: <u>Lancy Johnson</u>		PHONE: <u>571-272-3219</u>									
OFFICE: <u>Petitions</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>William Kell</u>		DATE: <u>7/7/05</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B